



Client Information Form

Welcome to Bushland Small Animal Veterinary Clinic. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pets visit pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or policies of the clinic. To help us serve you better, please provide us with the following information.

Name: _____ Spouse's Name: _____

Mailing Address: _____ Physical Address: _____

City: _____ State: _____ Zip: _____

Cell Number: _____ Spouse's Cell Number: _____

E-mail Address: _____ (We use this to send out reminders, etc.)

Place of Employment: _____ Spouse's Place of Employment: _____

Driver's License Number: _____ (We use this for check writing purposes)

How did you choose our Practice?

| Patient Information | Pet #1 | Pet #2 | Pet #3 | Pet #4 |
|---|--------|--------|--------|--------|
| Name | | | | |
| Breed | | | | |
| Date of Birth | | | | |
| Color(s) | | | | |
| Sex - Male Female N=Neutered S= Spayed | | | | |
| Previous Veterinarian Information Name/Hospital/Phone# | | | | |

I hereby authorize the veterinarian with Bushland Small Animal Veterinary Clinic to examine, prescribe for, or treat the above described pet(s). I also understand that these charges are due at time of service and that a deposit may be required for surgical treatments.

Owner Signature _____ Date:
